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AF  
1752  
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JAN 20 2004  
TC 1700

DOCKET NO.: 5988-033-27

ASSISTANT COMMISSIONER FOR PATENTS  
PO BOX 1450  
ALEXANDRIA, VA 22313-1450

Re: Serial No.: 09/879,894  
Applicant(s): Yukio NISHIMURA et al.  
Filing Date: June 14, 2001  
For: RADIATION-SENSITIVE RESIN COMPOSITION  
Group Art Unit: 1752 /  
Examiner: Yvette C. Thornton

SIR:


Attached hereto for filing are the following papers:

**FEE TRANSMITTAL  
AMENDMENT AFTER FINAL**

Our check in the amount of \$ 172.00 is attached covering any required fees. In the event any variance exists between the amount enclosed and the Patent Office charges for filing the above-noted documents, including any fees required under 37 C.F.R. 1.136 for any necessary extension of time to make the filing of the attached documents timely, please charge or credit the difference to Deposit Account No. 50-1442. Further, if these papers are not considered timely filed, then a request is hereby made under 37 C.F.R. 1.136 for the necessary extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

PIPER RUDNICK LLP



Steven B. Kelber  
Attorney of Record  
Registration No.: 30,073

Christopher W. Raimund  
Registration No.: 47,258

## FEE TRANSMITTAL

Examiner	Yvette C. Thornton
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**\$172.00**

**FEE CALCULATION (continued)**

1. ☐ Applicant claims small entity status.

■ Charge any UNDERPAYMENT or credit any OVERPAYMENT in the indicated fees to Deposit Account No. 50-1442.

☐ Charge the indicated fees to Deposit Account No. 50-1442.

2. ☒ Check enclosed.

### FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description
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Fee	Fee	Fee	Fee	Fee Paid
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1001	770	2001	385	Utility filing fee
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1002	340	2002	170	Design filing fee
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1003	520	2003	260	Plant filing fee
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1004	770	2004	385	Reissue filing fee
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1005	160	2005	80	Provisional filing fee
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<b>SUBTOTAL (1)</b>	<b>\$0.00</b>
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## 2. EXTRA CLAIM FEES

tot claims	22	-	31*	=	0	x	\$18	=
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ind. claims	9	-	7*	=	2	x	\$86	=	1
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<input type="checkbox"/>	Multiple Dependent Claims	\$290	=
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Large Entity	Small Entity	Fee Description
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Fee	Fee	Fee	Fee	
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1202	18	2202	9	Claims in excess of 20
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1201	86	2201	43	Independent claims in excess of 3
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1203	290	2203	145	Multiple dependent claim, if not paid
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1204	84	2204	43	*Reissue independent claims over original patent
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1205	18	2205	9	*Reissue claims in excess of 20 and over original patent
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OTHER (indicate below):

<b>SUBTOTAL (2)</b>	<b>\$172.00</b>
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\* or number previously paid, if greater; For Reissues, see above

<b>SUBTOTAL (3)</b>	<b>\$0.00</b>
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Name

Steven B. Kelber

Registration No.

30,073

**Signature**

Date \_\_\_\_\_

January 14, 2004

Telephone

202-861-3900

Name

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